

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

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If yes, please explain:

I can pick up my mail by 9:00am & NOT WAIT

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Waterbury, Clayton

☒ Personal needs _____

☐ Banking _____

☐ Employment _____

☒ Social needs Clayton Waterbury

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Jerome TIDD

(Please print your name)

Address: Po box 49 13641

Telephone number: 315 686-4488 Date: 4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
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c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse:

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If yes, please explain:

Not possible as we live on a single family
private Island about 200 yds from Clark's Marine + Boat Sale

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Clayton + Alexandria Bay

☒ Personal needs " "

☒ Banking Alexandria Bay

☐ Employment Retired

☐ Social needs TI Park

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Scott Foster

(Please print your name)

Address: Bylstone Isle, Fishers Landing, NY 13641

Telephone number: 315 686-5025 Date: 4/28/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

It would be very inconvenient to have to travel to
Clayton each day to receive our mail.

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Postal Service Customer Questionnaire

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☒ Yes ☐ No

If yes, please explain: THE POST OFFICE IN FISHERS LANDING IS USED
TO POST NOTICES FOR TOWN MEETINGS AND OTHER
THINGS CONCERNING THE COMMUNITY

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes☒ No

If yes, which offices: _____

Please complete both sides

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If you now receive carrier delivery 2 there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping WATERTOWN and CLAYTON

☒ Personal needs CLAYTON

☒ Banking CLAYTON

☒ Employment WATERTOWN AND CLAYTON

☒ Social needs CLAYTON

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

ELIZABETH MAHONEY

(Please print your name)

Address: Box 475 FISHERS LANDING

Telephone number: 315-686-4032

Date: 4/26/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

THE POSTAL SERVICE SHOULD RESCHEDULE THEIR MEETINGS FOR A TIME WHEN WORKING PEOPLE AND SEASONAL RESIDENTS CAN ATTEND

DOCKET NO. 1365920-12641ITEM NO. 22PAGE 57**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

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a. Buying stamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☐ Yes☐ No

?

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-15641

ITEM NO. 22

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. PAGE 58

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

If we have to go to Clayton for mail we will never get it. We work during the same hrs. they are open. We can get to our own post office on the way home, but could never get to Clayton in ti.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping WATERTOWN - We have none of these services

☒ Personal needs in FISHERS LANDING

☒ Banking NO BANK IN FISHERS LANDING

☒ Employment NO JOBS IN FISHERS LANDING

☐ Social needs We go to the Post Office in FISHERS LANDING

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

LINDA A. BOND

(Please print your name)

Address: P.O. Box 129 17984 REEDS POINT RD. FISHERS LANDING, NY 1364

Telephone number: (315) 686-3746 Date: 4/29/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

SEE ATTACHED LETTER

DOCKET NO. 1363430-1364
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April 29, 2011
Thomas & Linda Bond
P.O. Box 129
Fishers Landing, NY 13641

To All it may concern;

PLEASE DO NOT CLOSE OUR POST OFFICE!

Without our post office, we have no way of receiving our mail in a timely fashion. We are not able to get to Clayton during post office hours due to work schedules. We do have time to stop + get our mail at the last minute on the way home in Fishers Landing, or I am able to walk to our post office during the day.

Further problems with the Clayton Post Office include impossible parking conditions and a lack of mail boxes during the summer season.

I personally know of the mail box problem as I was the Murray Island Postal Unit manager and worked through the Clayton Post Office.

You MUST take the seasonal factor into consideration. In this area our population swells from May through October. We find the postal authorities at fault for not alerting those boxholders who cannot be here today but will be back very soon and will have had no say. The questionnaires should have been sent to them as well.

Closing our post office is not only a terrible inconvenience but is just one more amenity (of which we have few in our little community) being taken away. This even affects real estate sales.

If paying for our mailboxes here in the Landing would be an answer to help cut cost, PLEASE, CHARGE US! It would be worth it. That combined with shorter window hours could offset so much of the Post Office's expense. Postal Units on Grindstone, Murray and Grenell Islands have been running successfully for years. And if concern over finding someone to run it is a

problem, let me be the first to apply! I understand the T. I. Park Office will be opening again this year and their community is even smaller than ours and their "season" is shorter - why are we being targeted for closure and not them?

We are speaking out. If the fate of our post office is already sealed, please reconsider our delivery options. Either put us on the rural delivery route or give us a bank of post office boxes closer and more accessible than Clayton.

But know, if closing is the final decision, you will be closing the heart of our little hamlet and taking away our identity as a community. We can only hope you will take all into consideration.

Sincerely,

Linda & Thomas Bond



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

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c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

We need it for the ~~elderly~~ elderly - also - it's part of character of community

Please complete both sides

TICKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. ~~NO~~ ²²
PAGE ~~62~~ ⁶²

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping _____
- ☐ Personal needs _____
- ☐ Banking _____
- ☐ Employment _____
- ☐ Social needs _____

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

(Please print your name)

Address: _____

Telephone number: _____ Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. PAGE 64

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping CLAYTON ALEX Bay WITman

☒ Personal needs n n n

☒ Banking n

☐ Employment n n n

☒ Social needs n n n

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

CAROL S. RUSSO

(Please print your name)

Address:

42010 Cty Rt 195 Fishers Landing NY 13641

Telephone number:

315-480-7080

Date:

4/28/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



DOCKET NO. 1363930-1207
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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
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e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

If yes, please explain: ☒ Yes ☐ No special orders for our business

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

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If you now receive carrier delivery, there ~~will~~ be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Alex Bay
☐ Personal needs Alex Bay
☐ Banking Alex Bay
☐ Employment Alex Bay
☐ Social needs Alex Bay

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Carla Bender
(Please print your name)

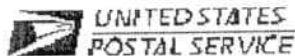
Address:

42539 NYS Rt 12 Alex Bay NY

Telephone number:

315-686-5080 Date: 4-27-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

T. D. WEISBERG

(Please print your name)

Address:

41596 NYS. Rt 180

Telephone number:

315-783-5161 686-4463

Date:

4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

DOCKET NO. 1363430-13641ITEM NO. 22PAGE 69**Postal Service Customer Questionnaire**

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Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Water Town

☐ Personal needs Water Town

☐ Banking Water Town

☐ Employment

☐ Social needs Water Town

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☒ No

Name:

John & Vi Allen

(Please print your name)

Address: 41756 ORLEANS Av. Fishers Landing

Telephone number: 315 686-2815 Date: Apr. 28th 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 136 3430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☒ Personal needs Watertown, NY or Syracuse, NY

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

John C Meyers
(Please print your name)

Address: 18451 Robinson Rd, Clayton, NY 13624

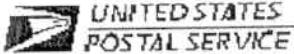
Telephone number: 315-686-2300

Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I receive rural delivery of my mail from Clayton, NY.

I use Fishers Landing for all my other postal needs as it is much more convenient than other post offices in the area.

DOCKET NO. 1363430-1364ITEM NO. 22PAGE 73**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☒ No

Name:

George Muir

(Please print your name)

Address:

PO Box 58

Gresham Landing NY. 13641

Telephone number:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

Have to leave the community as none are available here, but only do so when necessary. With the price of gas, these trips are becoming less frequent.

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Would not apply as we can walk to all of the businesses in our town.

Name:

Floyd + Iris Waterson

(Please print your name)

Address:

P.O. Box 472 Fishers Landing NY 13641

Telephone number:

315-686-3267

Date: 4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better☐ Just as Good☐ No Opinion☒ Worse:

If yes, please explain:

Purchase of Stamp - would be impossible, Sending Parcel impossible

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Big M - on Watertown

☒ Personal needs Watertown

☒ Banking clayton

☐ Employment _____

☒ Social needs ~~clayton~~

5. Do you currently use local businesses in the community?

☒ Yes☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes☒ No

Name:

Duane J Chalk, Patricia M Chalk

(Please print your name)

Address: PO Box 474 Fishers Landing NY 13641

Telephone number: 315 686 3290

Date: 4-28-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

I can receive my mail early in the day which will not happen w/ gen. delivery. I will also have to travel in excess of 5 miles to mail packages and for special services, i.e. certified m/r and express mail.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Watertown

☒ Personal needs Watertown

☒ Banking Internet

☐ Employment Retired

☒ Social needs Watertown or Watertown

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Robert A. Wadsworth

(Please print your name)

Address: 17923 Reed Point Road, Feders Landing, NY 13644

Telephone number: 315-686-4205 Date: 4/27/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse:

If yes, please explain:

The Fishers Landing post office is very important to me. I moved here recently to work for a company from my home and I must have access to a post office frequently. With gas at \$14.00+ / gallon, driving is not practical to get to another location.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Gary M. Weber
(Please print your name)

Address: 41897 Shore Avenue, Fishers Landing, NY 13641

Telephone number: (909) 997-6381

Date: 4/29/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Sometimes</i>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Sometimes</i>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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1363430-13641

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better☐ Just as Good☐ No Opinion☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping☐ Personal needs☐ Banking☐ Employment☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes☐ No

Name:

Maynard H Brown Jr

(Please print your name)

Address:

P O Box 153 Fishers Landing NY

Telephone number:

315 527-8111

Date:

4-26-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

NO. 1363430-13641
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1. Suggest the following

1. Open Post office window from 8 AM To 12 noon, Monday Thru Friday
2. Have Post office Boxes available from 8 AM To 5 pm Monday thru Saturday, So we can get our mail out of the Box.
3. This would only need Labor, 20 hours a week to man the window (Part Time Person)
4. If post office is closed, we should have rural Delivery Monday Thru Saturday

Signed by
Wayne H. Brown
PO Box 153

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>sometimes</i>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>"</i>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/> Shopping	<u>occasionally</u>	<u>nearby</u>
<input checked="" type="checkbox"/> Personal needs	<u>"</u>	<u>"</u>
<input checked="" type="checkbox"/> Banking	<u>"</u>	<u>"</u>
<input type="checkbox"/> Employment	<u>"</u>	<u>"</u>
<input checked="" type="checkbox"/> Social needs	<u>"</u>	<u>"</u>

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: Johanna E. Brown

(Please print your name)

Address: PO Box 153 Fishers Indg IN

Telephone number: 315 527 9779 Date: 4-26-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping _____
- ☒ Personal needs _____
- ☒ Banking _____
- ☐ Employment _____
- ☐ Social needs _____

5. Do you currently use local businesses in the community?

☐ Yes

☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Ernest A. Holmes Jr + Joan Harrington Holmes

(Please print your name)

Address: 42094 County Rt 195, Fishers Landing N.Y. 13641

Telephone number: (315) 345-9296 Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☐ Yes☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☒ Yes☐ No

If yes, which offices: Clayton - sometimes

Streets VERY narrow - parking difficult - little space!!!

Please complete both sides

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ITEM NO.

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. PAGE 91

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Alex Bay, Clayton & Watertown

☒ Personal needs " " "

☒ Banking Alex Bay

☐ Employment NA

☒ Social needs Alex Bay, Clayton & Watertown

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Nelson; Susan Schell
(Please print your name)

Address: P.O. Box 91, Fishers Landing, NY 13641

Telephone number: 315-686-5524 Date: 4-29-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Comments:

Being able to go to our own post office and avail ourselves of the services is a very important part of our lives.

We are year 'round residents. The "islanders" and other "seasonal" residents would be greatly impacted by closure.

It seems very reasonable that a compromise would be very effective: i.e., limiting the hours of operation; no need for a post master; a well-trained clerk could run the facility and be accountable

to a nearby officer-in-charge.


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These suggestions would seem to be viable options to closing our facility.

A community's post office identifies said community. It is "who we are."



Thank you for your consideration.

Nelson & Susan Schell



UNITED STATES
POSTAL SERVICE

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04/15/2011

Postal Customer
Fishers Landing Post Office
Fishers Landing, NY 13641

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the FISHERS LANDING Post Office retired on 05/02/2008. The Office is being studied for possible closing or consolidation for the following reasons:

- This office is small level 11 with no delivery. Decreasing customer base and decreasing revenue.
- Management initiated study to determine if regular and effective service can be provided through other means.

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by independent post office emanating from the CLAYTON PO.

Retail services are also available at the CLAYTON PO, located 5.0 miles away. Hours of service at this office are 09:00 to 12:00 and 13:00 to 16:30, Monday through Friday, and 09:00 to 12:00 on Saturday. Post Office box service is available at this location at increased fees. *5 miles at 5 days * 2 = 50 miles*

I invite you to think about a possible change to independent post office. Please return the enclosed questionnaire by 04/29/2011 using the pre-addressed envelope provided or at the community meeting. *extra per week per hush*

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the Fishers Landing Post Office Lobby (Open House format-arrive anytime during posted timeframe) on 04/29/2011 from 8:00 a.m. to 12:00 p.m. to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time. *NOT GREEN*

If you have any questions, you may call Nadine Tremblay at (518) 452-4085. Thank you for your assistance.

Sincerely,

JEFFREY SANDS
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992

Enclosures:

Questionnaire and return envelope Summary of Post Office Change Regulations *also unfair - (along with prejudicial + predisposed)*



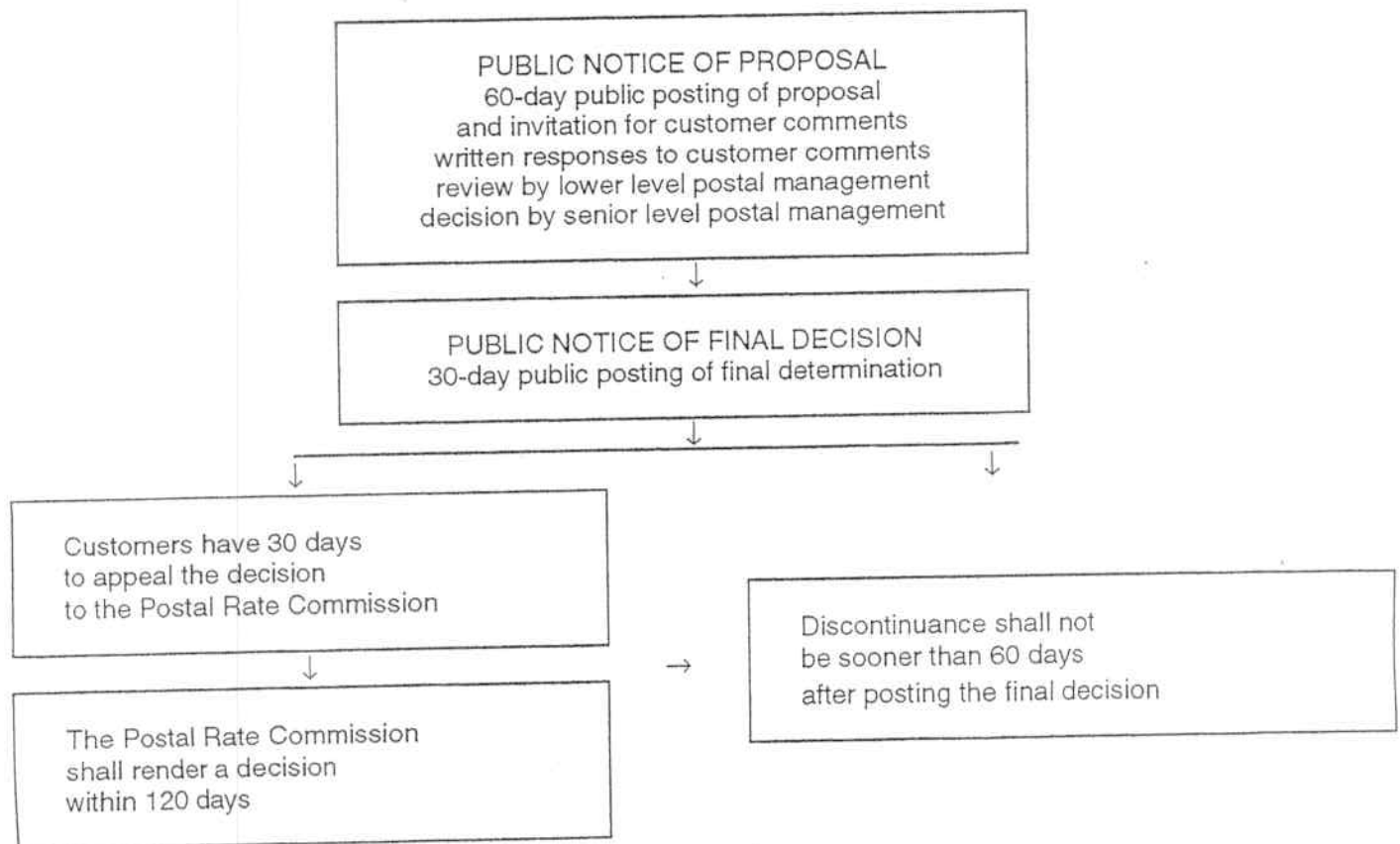
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SUMMARY OF POST OFFICE CHANGE REGULATIONS

Certain regulations based on federal law apply when postal managers propose to replace a post office with an alternate form of postal service. These regulations are designed to ensure that the reasons for proposing such changes in postal service are fully disclosed at a stage when customers can make helpful contributions toward a final decision. The full text of the statutory regulations appears in Title 39, United States Code, Section 404(b), while the implementing regulations appear in Title 39, Code of Federal Regulations, Part 241.3.

An initial investigation and any subsequent formal proposal to discontinue a post office originate with postal field managers responsible for post offices in that area. The proposal must explain the services recommended as substitutes and the rationale that supports this recommendation. The written proposal is prominently posted for 60 days at affected post offices, along with an "Invitation for Comments," which formally invites customer comments. At the end of the 60-day comment period, additional review is made at lower and upper levels of postal management.

When a final decision is made at Postal Headquarters in Washington, DC, that decision is posted in affected post offices for 30 days, during which customers may appeal the decision to the Postal Rate Commission in Washington, DC. The Postal Rate Commission has 120 days to consider and decide an appeal. Even without an appeal, no post office may be closed sooner than 60 days after the public posting of the final decision.



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☒ Yes ☐ No

If yes, please explain: I assist a Senior Citizen Weekly who lives in Collins Landing (Avery Bay Rule Del) & use F.E. PO Because it is closer

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

SYSTEM NO.

PAGE

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse:

If yes, please explain:

If yes, please explain:
 Although Del to my home would be OK, Mailing Large Acqs + X-mas
 time would be more difficult. ALSO making it to the PO during
 hours would be more difficult. ALSO SNOW PLAWS TEND TO TAKE OUT
 MAIL BOXES BY THE ROAD,

MAIL BOXES BY THE ROAD,

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Alex Bay

☒ Personal needs Alex Bay

☐ Banking Bank By phone & MAIL

☐ Employment work from home

☐ Social needs at Post office Daily

5. Do you currently use local businesses in the community?

5. Do you currently use local businesses in the community? ☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued? ☐ Yes ☐ No

Local Business
except for P.O.

Name: GAIL BILDA

(Please print your name)

(Please print your name)

Address: PO Box 171 (41866 Shore Ave)

Address: 1234
Telephone number: 315 6806 0063 Date: 4/29/11

Telephone number: 25 606 000 Date: 10/10/11
Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Please add any additional comments on a separate piece of paper and attach it to the questionnaire.

1) ~~area~~ NOTHING LESS THAN CARRIER ROUTE Del^{TO OUR HOME} IS Acceptable - Me spending Gas money to go b+F to Clayton every day ... along with every other person in F.L. is not a ^{positive} solution for the U.S. Post office - at least NOT A Fair one nor economical + Certainly not a green one! ~~It~~ I ~~spend~~ spend \$16⁺⁺ a week in GAS Extra per household!!

this week ... FOR WHAT !!

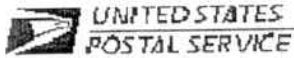
2) They raised car taxes this week ... FOR WHAT !!
MAY BE FOR UPS-who would pick up packages !!

4) Pushing our mail onto Clayton P.O. - \rightarrow RIDICULOUS!!
 as more boxes, we'd have to pay more besides

1) would they offer more boxes? would we have to pay for them?
2) would they extend hours of operation to give us time to get there?

2) would they expand ports or? to compensate for more
3) would they expand length P.O.? many more boats than just fisher landing

[illegible]



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☒ Yes ☐ No

If yes, please explain:

FOOD BANK COLLECTIONS

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

If yes, please explain:

PERSONAL SERVICE IS ALWAYS BETTER AND INSURES
PROPER MAIL HANDLING - ESPECIALLY FOR MAIL FORWARDING

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping WATERTOWN, N.Y.

☒ Personal needs II

☒ Banking II

☒ MEDICAL Employment II

☒ Social needs CLAYTON, N.Y.

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

- BUT NOT AS EFFICIENT FOR US.

Name:

GEORGE A & JANE R. CARGIN

(Please print your name)

Address: P.O. Box 47, FISHERS LANDING, N.Y. 13641

Telephone number: 315-686-2216 Date: 4-29-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☒ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-3641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

We have no idea how their service will be -

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Local or Waterford

☐ Personal needs

☐ Banking

☐ Employment None

☐ Social needs Waterford, Alex Bay

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

Gerald & Rose Marie Cleary Fishers Point, N.Y.
(Please print your name)

Address:

PO Box 451 Fishers Landing, NY 13641

Telephone number:

315-686-2355

Date April 29 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

We are summer residents -
May 1 to October 1

DOCKET NO. 1363430-1364ITEM NO. 22PAGE 102**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

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3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse:

If yes, please explain:

This would be far better than going to CLAYTON
which would be 12 mile round trip on limited income. Added GAS expense

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Limited

☐ Personal needs Very little

☐ Banking Internet Banking

☐ Employment Limited

☐ Social needs Limited

5. Do you currently use local businesses in the community?

☐ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

Richard A Tuckey For NAZARENE Church Year Round
(Please print your name)

Address: 111902 Shore Ave Fishers Landing 13641

Telephone number: 315 656-3905 Date: 4-29-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes☒ No

If yes, which offices: _____

Please complete both sides

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If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

Better THAN going to CLAYTON
which would put cost burden on us

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping once week
☐ Personal needs
☐ Banking
☐ Employment retired
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Richard R Tuckey

(Please print your name)

Address: 41902 Shore Ave Fishers Landing N.Y.
Year Round Resident

Telephone number: 215-686-3905 Date: 4-18-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

ITEM NO. 22

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. PAGE 107

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- ☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse:

If yes, please explain:

To my door - just as good
I send letters overseas. Post office is required for
this.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping RT 12 between Clayton & Alexandria Bay
☐ Personal needs same as above
☐ Banking " " "
☐ Employment none
☐ Social needs in my community

5. Do you currently use local businesses in the community?

- ☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

- ☐ Yes ☒ No

Name:

JACKIE NEGRO

(Please print your name)

Address: PO Box 67, FISHERS LANDING, N.Y. 13641

Telephone number: 315-727-5090 Date: 4/26/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



UNITED STATES
POSTAL SERVICE

DOCKET NO. 1363430-13641
ITEM NO. 22
PAGE 108

04/15/2011

Postal Customer
Fishers Landing Post Office
Fishers Landing, NY 13641

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the FISHERS LANDING Post Office retired on 05/02/2008. The Office is being studied for possible closing or consolidation for the following reasons:

- This office is small level 11 with no delivery. Decreasing customer base and decreasing revenue.
- Management initiated study to determine if regular and effective service can be provided through other means.

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by independent post office emanating from the CLAYTON PO. Retail services are also available at the CLAYTON PO, located 5.0 miles away. Hours of service at this office are 09:00 to 12:00 and 13:00 to 16:30, Monday through Friday, and 09:00 to 12:00 on Saturday. Post Office box service is available at this location at increased fees.

I invite you to think about a possible change to independent post office. Please return the enclosed questionnaire by 04/29/2011 using the pre-addressed envelope provided or at the community meeting.

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the Fishers Landing Post Office Lobby (Open House format-arrive anytime during posted timeframe) on 04/29/2011 from 8:00 a.m. to 12:00 p.m. to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

If you have any questions, you may call Nadine Tremblay at (518) 452-4085. Thank you for your assistance.

Sincerely,

JEFFREY SANDS
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992

Enclosures:

Questionnaire and return envelope Summary of Post Office Change Regulations

SYSTEM OF EMPLOYEES N.G.
REPAIRS NEEDED SMOKEAS IN & AROUND
DOOR & LOBBY HOURS N.G.
DELIVERY WOULD BE BETTER 2/FISHERS
LANDING
CLAYTON PO
EXPANSION
CHECK OUT
OMAN FISHERS
LANDING



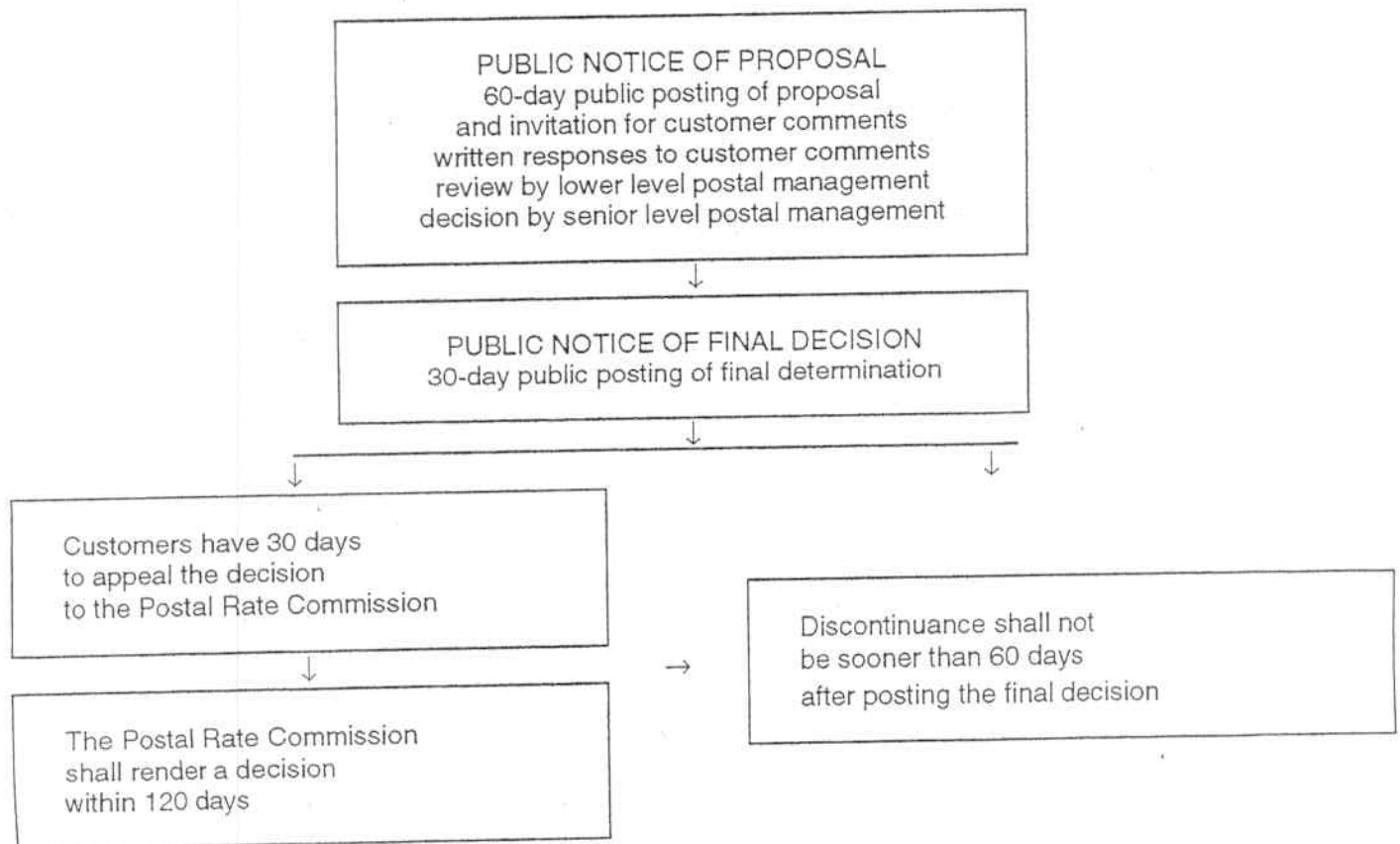
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SUMMARY OF POST OFFICE CHANGE REGULATIONS

Certain regulations based on federal law apply when postal managers propose to replace a post office with an alternate form of postal service. These regulations are designed to ensure that the reasons for proposing such changes in postal service are fully disclosed at a stage when customers can make helpful contributions toward a final decision. The full text of the statutory regulations appears in Title 39, United States Code, Section 404(b), while the implementing regulations appear in Title 39, Code of Federal Regulations, Part 241.3.

An initial investigation and any subsequent formal proposal to discontinue a post office originate with postal field managers responsible for post offices in that area. The proposal must explain the services recommended as substitutes and the rationale that supports this recommendation. The written proposal is prominently posted for 60 days at affected post offices, along with an "Invitation for Comments," which formally invites customer comments. At the end of the 60-day comment period, additional review is made at lower and upper levels of postal management.

When a final decision is made at Postal Headquarters in Washington, DC, that decision is posted in affected post offices for 30 days, during which customers may appeal the decision to the Postal Rate Commission in Washington, DC. The Postal Rate Commission has 120 days to consider and decide an appeal. Even without an appeal, no post office may be closed sooner than 60 days after the public posting of the final decision.



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Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☒ Yes ☐ No

If yes, please explain: OPEN & HOLD DOOR FOR SENIORS & FOLK WITH HANDS
FULL ASSISTED RESPONSE WHEN CUSTOMER HAD SCHEDULE

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

DOCKET NO. 1363430-13641

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4. ITEM NO. 22 PAGE 111

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse:

If yes, please explain:

I THINK YOU WOULD REMOVE A HISTORICAL COMMUNITY FROM THE MAP ALSO YOU WOULD EFFECT THE NAME OF ROCK ISLAND - THE SPEED ZONE NAME ON THE ST LAWRENCE RIVER FROM FISHERS LANDING ROAD

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued? THOUSAND ISLAND CAMP GRO

☒ Yes ☐ No

LOCAL BUSINESSES, FOXEY RESTAURANT, CHALKS MARINA, P.J. RESTAURANT, THE GALS

Name: WILLIAM B. BOEWEGEN TI BAIT STORE
(Please print your name)

Address: PO Box 42 FISHERS LANDING NY

Telephone number: 366 686 3143 Date: 4/26/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. 315 767 7015 CELL

THE ABOVE BUSINESSES 2 ARE LISTED FISHERS LANDING
P.J. RESTAURANT CLAYTON
ON THE CORNER OF
FISHERS LANDING ROAD
IS LISTED CLAYTON
NEXT ROAD TO P.J. REST
THE GALS PLACE
THOUSAND ISLAND CAMP GROUND
THESE TWO ARE
LISTED ALEXANDRA'S BAY
TI BAIT STORE

Please complete both sides

DOCKET NO. 1363430-13641
ITEM NO. 22
PAGE 112 "LET THEM EAT CAKE"

When I first read about the possible closing of the Fishers Landing Post Office, there was a quote that jumped out at me – "they can go to Clayton to buy their stamps". What does that actually mean to the average person in the Landing:

7 miles (not 5) from my house to the Post Office in Clayton

14 miles round trip

14 x 52 weeks per year = 728 miles per year

728 x .550 (federal cost per mile standard) = **\$400. 40 increase per family**

WHO ARE THESE FAMILIES?

On my street:

2008	Eight houses =	10 people working full time
2011	Eight houses =	1 person working full time
		3 people working seasonal

When the queen in England was told that people were starving and had no bread, she responded with "Let them eat cake". She did not understand the true situation. I would like to believe that if she did then she would not have responded so heartlessly. Please try and understand that our Post Office is more than just numbers on a balance sheet – it is part of the fabric of our community or our 'bread'.

RE: Fishers Landing NY
Docket# 1363430-13641
Item 22
Page 113

May 11, 2011

- Memo to the record. Response to customer questionnaires have been amended due to the fact that there is no street delivery in Fishers Landing. Amendments are as follows:

Item 22, Page 7 James and Dorothy Obrien
Item 22, Page 15 Marcy Pena
Item 22, Page 23 Jerome Tidd

Nadine Tremblay

Nadine Tremblay
Post Office Review Coordinator

RE: Fishers Landing NY
Docket# 1363430-13641
Item 22
Page 114

May 10, 2011

Memo to the record. On 05/04/11 at 9:32 am, received a call from Ben Traficanna (unsure of spelling). He left a phone number of 315-307-9307 and called from 315-403-8411.

In his message he inquired how the study was being handled. He indicated that there are summer residents and perhaps the USPS does not know their customer base. Thinks the study was done on purpose in order to have little protest.

- Response: each customer in the delivery zip receives the same notice. The USPS has no control over when seasonal customers will return to a delivery area. Customers may also use Premium Forwarding to receive their seasonal mail.

He indicated that April 29th was the closing date for posting comments. April 29th was the last day to turn in questionnaires at the community meeting and/or by mail. Customers are afforded a minimum of 10 days to review and respond to questionnaires.

Responses were provided to an answering machine on May 10, 2011 at 10:34 a.m.

Nadine Tremblay

Nadine Tremblay
Post Office Review Coordinator